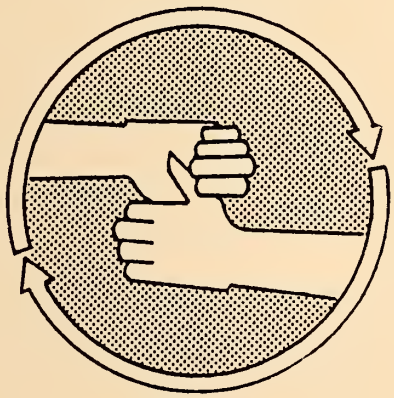
MOVING TOWARD BEST PRACTICES

May 19, 1989



A working conference on improving the quality of services for children with multiple sensory impairments

Proceedings edited by:
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"Moving Toward Best Practices"

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CONTENT

INTRODUCTION 1
Everett Hill

STRAND I: CLASSROOM BEST PRACTICES. 2
Overview **Eva Horn**

Individualized Programming: Incorporating Children with Severe Handicaps in Group Instruction
Barbara Willard & Jodie Day 4

Implementation of Activity-Based Programming through Community-Based Instruction
Linda Messamore 5

Turning the Negative to Positive: Effective Group Instruction
Diane Cunningham & Beverly Harris 6

Discussion **Alana Zambone** 7

STRAND II: TRANSDISCIPLINARY PROGRAMMING 11

Overview **Eva Horn**

Almost Transdisciplinary: Managing a Team to Develop Services for a Child with Dual Sensory Impairments
Gayle Prillaman 12

Building a Communicative Environment through Transdisciplinary Programming
Debbie Haskell 13

Discussant **Deborah Schumacher** 14

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CONTENT cont.

STRAND III: SOCIAL INTEGRATION 17

Overview **Eva Horn**

Integrating Children with Multiple Disabilities into an Elementary School
Suzie Steinbrecher 18

Using Special Friends to Help A Child with Dual Sensory Impairments in an Integrated Setting
Norris Bishop 20

Discussion **Kent Logan** 21

STRAND IV: SYSTEMS CHANGE
Overview **Bruce Smith** 25

Using Families to Achieve Movement to Less Restrictive Settings
Suzie Steinbrecher
Linda Messamore 27

Effecting System Change through Placement Practices
Camellia Hedgcoth 28

Incremental Achievement of Social Integration within Non-receptive Environments
Debbie Haskell 30

Discussion **Jennifer Butterworth** 31

INTRODUCTION

Everett Hill

The proceedings from the **Moving Toward Best Practices** conference highlighted much of the activities of the Peabody Integration Project for children with dual sensory impairments (PIP). PIP was a federally funded model demonstration project for deaf-blind children from September 1, 1986 to August 31, 1989 (Grant # GOO8630417, Project # 086 HH60001). The primary goal of the PIP project was to maximize the services available for children with dual sensory impairments in their current setting and to develop a model to facilitate a successful transition to the least restrictive setting appropriate for each child. Specific outcomes desired include: a) educational services provided in settings that integrate both handicapped and nonhandicapped children and maximize opportunities for social contact among all children, and (b) assurances of quality educational services that include specialized support services to meet the unique needs of children with sensory impairments, functionally based curriculum programming, and high levels of teacher-child contact.

Local educational agencies (LEAs) and community based preschool programs in Middle Tennessee cooperated in the implementation of the model. These represented a mix of urban and rural programs providing services to children with dual sensory impairments. Identified students with dual sensory impairments within these programs received both direct and indirect services from the project. Direct services included functional assessment and instructional goal development. Other services included training key administrative and educational personnel involved with the child, training parents, and other activities needed to facilitate the movement of the child to less restrictive educational settings.

One of the major activities during the third year of the project was to sponsor a regional conference. The conference was held on May 19, 1989, with 70 people in attendance. The conference featured programs in Middle Tennessee which participated as demonstration sites for the project. The goal was to highlight the gains made by these programs, and to reinforce their efforts and commitment. A secondary goal was to develop and disseminate the proceedings of the conference in a highly readable manner.

The proceedings, as was the conference, is organized into four strands; classroom best practices, transdisciplinary programming, social integration, and systems change. The conference format provided a series of individual presentations by the featured programs with introductory information provided the PIP staff. Presentations were followed by responses from nationally recognized experts in the field of multiple impairments serving as discussants for each strand. The proceedings from this conference represent a remarkable collection of ecologically valid and tested procedures to improve the quality of programs for children with dual sensory impairments.

STRAND I

CLASSROOM BEST PRACTICES

Eva Horn, Barbara Willard, Jodie Day, Linda Messamore,
Diane Cunningham, Beverly Harris, Alana Zambone

OVERVIEW

Determining "what" to teach and "how" to teach children with multiple handicaps may at first appear to be tough assignment. Some students may have so many things to learn that it is difficult to choose among the numerous possible goals. Yet other students may appear to have limited behavioral repertoires and such multiple disabilities that it may seem difficult to determine where to begin.

Just over a decade ago, professionals serving persons with severe handicaps had very few sources of "best practices" available to them (Orelove & Sobsey, 1987). However, this has rapidly changed and today there are a number of outstanding textbooks available describing critical aspects of quality programming for this population (e.g., Falvey, 1986; Gaylord-Ross & Holvoet, 1985; Goetz, Guess, Stremel-Campbell, 1987;Horner, Meyer, & Fredericks, 1986; Orelove & Sobsey, 1987; Sailor & Guess, 1983, Sailor, Wilcox, & Brown, 1980; Snell, 1987).

This strand draws upon these sources, recent research and other documented training models to describe a model of "best practices" for children with multiple handicaps. Classroom best practices, as this strand is titled, can be divided into two major subcomponents--functional curriculum programming and instruction management. That is, the division focuses on "what" to teach and "how" to teach.

Functional Curriculum Programming

The notion of functional curriculum programming has received much attention in the literature. Several themes are commonly reported as essential. These include:

1. Skills selected for instruction should be skills that will increase the child's ability to interact with his/her world (Brown, Nietupski, & Hamre-Nietupski, 1976).
2. Targeted skills should come from an analysis of the demands of the child's current classroom, home, community, and possible future placements (Brown, Branston-McClean, Baumgart, Vincent, Falvey, & Schroeder, 1979).
3. Targeted skills should be of immediate use in meeting the demands of those settings (Brown, et al., 1979).
4. Targeted skills should be taught within the situations in which they are going to be used and with materials appropriate to the particular setting (Falvey, 1986).
5. Targeted skills should have a wide range of applicability so they are functional in many contexts (Falvey, 1976).
6. Multiple opportunities should be provided to ensure generalized use and maintenance of skills (Sailor, Goetz, Anderson, Hunt, & Gee, 1988).
7. Age-appropriate materials should be used during instructional activities (Holovet, Mulligan, Schussler, Lacy, & Guess, 1984).

These themes paint a very broad picture of functional curriculum programming. The common thread that ties them all together is that the goal of quality educational programs should be to provide the child with the skills needed to be as successful a participant as possible in their world. To accomplish this goal, it is necessary to rethink the traditional assessment and Individual Educational Plan (IEP) development procedures.

In conducting an initial assessment as a part of determining child goals under a functional curriculum approach, two components are used to develop a complete picture of the focus child. First, is the use of a child-centered assessment which looks at the child's current abilities (strengths and needs) in the areas of sensory information use, communication, unique learning style, mobility (voluntary movement control), and social interaction skills. Second, an ecological inventory is conducted that looks at the demands of the current environments (home, school, community, etc.) in which the child functions, as well as, the next environments (Brown, Branston, et al., 1979; Brown, Branston-McClean, et al. 1979; Brown, et al., 1980). These two sources give a picture of the child's current level of functioning and present specific information on the demands that the child needs to meet to be successful across all of their environments.

The child's own IEP is then developed by translating the information obtained in the two-step

assessment process into behavioral objectives. The following six-step sequence is completed to achieve this.

1. Analysis of both assessment components (child-centered and ecological inventory) in order to identify the training needs of the child.
2. Prioritization of training needs with respect to:
   a) their usability across a variety of settings
   b) their immediate applicability
   c) their appropriateness for the child
3. Parent/teacher visit to articulate parent training priorities, teacher assessed training needs and develop a list of proposed goals that reflects a blending of the two.
4. Definition of the level at which to begin intervention - inability of a child to perform the highest level of a skill does not mean that the skill cannot be addressed at some level (e.g., child assists in . . .)
5. Arrangement of targeted skills as behavioral objectives and incorporating them into the child's IEP.

Classroom management

Curricular content is only as good as its implementation. Quality implementation should yield an educational program which: (a) promotes child engagement and learning; (b) maintains high levels of staff performance; (c) meets the needs of the individual children equally well; and (d) encourages efficient management of settings, materials, and programs (Warren, Alpert, & Kaiser, 1986). Implementation of instructional content can be addressed from three related areas: (a) the settings for instruction, (b) the organization of training, and (c) monitoring of child progress.

The first step in organizing the learning environment is determination of the settings in which intervention will occur. This decision should be based upon the individual needs of the child, the outcomes of the ecological inventory, and the established IEP. Children with multiple disabilities often do not generalize skills learned in one setting into others. Therefore it is important to teach skills in those settings in which the child is expected to perform them. Obviously therefore, toilet behaviors should be taught in the bathroom across the environments of home, school, and community sites. By extension, the most appropriate setting for many skills is in the large community outside of the classroom (Brown, et al., 1983; Falvey, 1986; Orelove & Sobsey, 1987; Sailor et al., 1986). A broad mix of settings should be made available including: classroom, school-wide shared facilities (e.g., gym, hallways, cafeteria, library etc.); community services; community recreation; home; etc. The proportion of time spent in non-school setting will increase as the child moves through the school years (Sailor et al. 1988).

Attention is next focused on the development of the settings. Selected settings must facilitate the child's success and independence by responding to the child's initiations and requiring the child to initiate interactions to obtain a response (Rogers-Warren & Wedel, 1980). The following contribute to the development of a responsive environment.

1. Selection of activities and materials that are appropriately challenging (frequently giving feedback) without being so difficult that failure occurs often.
2. Controlled access to materials to encourage child independence and exploration as well as initiations for assistance.
3. Selection and use of appropriate adaptive equipment/ /materials to facilitate child learning and independence.
4. Arrangement of space and use of space to encourage social interaction.

Organization of training requires decisions about who will conduct intervention, when it will occur, and in what contexts. Target skills should be scheduled for training throughout the day, across a variety of individuals and within a variety of contexts making use of naturally occurring circumstances. This enhances the functional acquisition and use of skills by helping the child to recognize the cues and settings that govern when, where, and for what to use a particular skill (Mulligan, Guess, Holvoet, & Brown, 1980). For example, a goal such as greeting an adult or peer might be worked on at arrival, as a part of a structured group activity, at mealtimes, and at the arrival or departure of significant individuals in the child's environment. Activity-based programming is implemented by close examination of the daily routines of the child and family in relation to the identified training goals. Activities are then developed based on the dual criteria of appropriateness to the training needs and functionality in the child's typical environment (Guess et. al., 1977).

The last facet of quality implementation is monitoring of child progress. The primary purpose of ongoing data collection is to gather information that can be used in making decisions about changes in the instructional procedures (Cooper, 1981; White & Haring, 1980). Data collection need not overwhelm intervention efforts but rather should be an integral part of each activity. Issues to be addressed to facilitate this include determining: (a) how much data to collect, (b) when to collect data, and (c) what type of data to collect. Although no clear-cut rules exist to make these decisions, they must be guided

by the need to develop an accurate picture of the skill development changes in each child over time. Once the data are collected, it is important to leave time for review and to make changes in intervention plans that reflect the child's success or difficulty with each goal.

Summary

Content and structure go hand in hand in determining the quality of the educational program. Content should reflect the training the child needs to succeed in a variety of settings and should not be limited to developmental objectives. The training environments should encourage the child to use and practice those skills in as natural and realistic a manner as possible.

INDIVIDUAL PRESENTATIONS BY MODEL SITES

Individualized Programming: Incorporating Children With Severe Handicaps Within Group Instruction

Barbara Willard & Jodie Day

This presentation discussed the use of group activities and instruction for addressing individual child goals. An emphasis was placed on training individual multiple objectives across settings. In addition, the presenters discussed strategies they have used to assist their children with the most severe handicaps be participating members in all group activities.

Prospects, Inc. is an early intervention center-based program for young children with developmental delays. The program is funded by Tennessee's Department of Mental Retardation and Mental Health. Currently, the program serves 35 children in two 2-1/2 hour sessions with a full time staff of five. There are 45 children on a waiting list. The staff includes people who wear many different hats; preschool teacher, administrator, nurse, parent support, surrogate caregiver, advocate. Contracted support service utilized by the agency include audiology, nutrition, speech, and physical therapy. In addition, we participated with the Peabody Integration Project (PIP). Three of the children we served were target children of the project during our 2-year involvement. Brief description of the three children are provided below to give an idea of the type of children served.

The first target child is 23 months old and has a degenerative brain disorder resulting in seizure disorders and profound developmental delays. He was admitted to the program shortly after birth because his mother is diagnosed with mental retardation and his father was a severe alcoholic, placing the infant in the category of severe risk for developmental delay. When we noticed that this infant was not tracking visually and responding to sounds, we contacted the staff of PIP and cried for help. The staff completed a series of assessments and determined that: his eyes were not fully aligned, he was not focusing at close range, but showed some visual responses such as alerting, minimal regard but inconsistently and of short duration. The results of the auditory screening placed him at the awareness/reflexive level with a hearing range in the 50-90 decibel range. Once again these responses were inconsistent. The primary recommendations were to work on increasing the consistency and duration of his visual and auditory responses. In order to facilitate optimal responding, his positioning and state of alertness needed to be evaluated and monitored. This resulted in working directly with the physical therapist and physician. He currently receives medication for seizure disorders and is monitored on a regular basis for level of medication vs. seizure activity. He also now has a custom fitted Mulholland adaptive seating system, sidelyer, and corner seat to provide optimal support for him during center sessions, at home, and in the foster setting.

The second target child is a 29-month-old child with profound developmental delays, spastic quadriplegia, and seizure disorder. He was admitted into the program at 8 months of age. At the time of referral we requested assistance from PIP. We really needed help. We were use to working with children that had developmental delays that were not all that significant. We really questioned whether we could serve this child in our program. With the assistance of PIP staff, we established goals and an implementation plan. His referral information indicated that he was deaf and blind. Following evaluations completed together by us and the PIP staff, we determined that he did have some responses in the hearing area, as well as, vision. His responses were brief and inconsistent but were clearly emerging. Right now if you could see this child, he's wonderful. He also has a custom fitted Mulholland adaptive seating system. This system has been a critical first step in reducing his tone, promoting more symmetrical posturing and midline movements. He localizes sound, turns in the direction when his name is called, babbles at his own reflection in a mirror, and coos and screeches quite loudly during circle time. I believe he has picked up my singing ability.

Finally, the third child is currently 4 years old and was referred to us at the age of 3 due to a

significant language delay. She had had one hearing evaluation to date which indicated that hearing was "satisfactory" but the results were inconclusive due to "some" problems with testing. The family was very willing to accept this diagnosis. Once in the program we noted the following behaviors; over dependence on visual cues, nodding yes to all questions, very difficult to understand expressive language, omitted consonants and dependence on vowel sounds, and need for directions to be repeated several times. Together with the PIP staff, we completed some informal auditory evaluations. After lengthy discussion with the family, a second hearing evaluation by a pediatric audiologist was conducted. She tested in the moderate to severe range bilaterally and was fitted with bilateral hearing aids. In addition, through further evaluation we determined that she had a significant vision problem as well, which was partially corrected by glasses. Since then she has just blossomed. The child changed totally because she was able to bring in the rest of the world. In the coming school year, after much effort mind you, she will be full time mainstreamed into her neighborhood kindergarten class with minimal special education support.

Along with these target children, we have a variety of other children in the program. Our children range from those with very mild delays that will leave our program and go into Head Start Programs to children with severe multiple handicaps. To keep all these children together, integrated, and continue to meet their individual needs requires a lot of management. The overriding theme of our program, however, is that a program needs to be fun for the kids and fun for the staff. Kids need hugs, messy times, pretend times, creative times, time to explore things, time to explore themselves, time to be part of a group, time to think, and time to be friends.

We operate an activity-based program. This means that our daily schedule is driven by activities, planned and routine, rather than by training goals. We embed the children's individualized training targets into these activities. Participation and enjoyment of the activities is the anticipated outcome as opposed to a set number of trials and a short term objective. All the children are involved. They work together. The children are all very comfortable. We've begun integration at a very young age. The children develop a keen sensitivity for each other. They help each other out.

For example, opening circle time is a real important time for us. It's not just a time to sit and sing songs. We meet a lot of our children's goals during circle time. We do a lot of tactual, visual, and auditory stimulation. We work on communication and language skills. Children in need of physical therapy and positioning can receive these at this time. But, everything is always as a part of the group. Thus the children learn to interact with each other. Tables 1 & 2 provide sample goals for the three target children across curriculum domains. Table 3 provides a matrix of one week's opening circle activity and the target goals for these three children that were embedded into this activity. The same strategy is implemented across other activities throughout the day including; arrival, snack time, small group time, listening circle, craft activities, reading circle, self-care/toileting time, gross motor time and departure.

Implementation of Activity-Based Programming Through Community-based Instruction

Linda Messamore

The presenter described the process she used to design and implement a community-based instructional program. Special emphasis was placed on how the children's IEP objectives were translated into activities that were conducted in the community.

First, I would like to provide you with an understanding of the type of students I serve. There are eight young (4 - 9 years old) children in my class with multiple handicaps. Two of the students in my class are targets of the PIP project, in that they have been diagnosed as having both vision and auditory impairments. All of the students in my class are non-ambulatory moving through their environment in adaptive seating systems with the assistance of another person. They all communicate their feelings and thoughts, but in all cases use a nonstandard/nonsymbolic form such as gestures, facial expressions, and laughter. Some of my students express their thoughts, especially displeasure or anger, through inappropriate means such as crying or other tantrum behaviors. All forms of independent behavior represent a significant effort for my students.

The overriding goal for all of my students is to increase their level of participation in regular, every day routines. Secondary, to this goal is that of making the caregiving demands presented by these students reduced as much as possible. Goals are developed in this context and take into consideration where the student currently functions. For example, the goals of one of my dual sensory impaired students include: establishing eye gaze with an object to lead to exploring, smile or laugh to show us that he was enjoying an activity, imitating several simple signs in response to questions or as a request, and to use the good fine motor skills he has to complete some functional tasks. I incorporate these

targets into every activity. If he produces all of these behaviors within one activity, I would say that he has participated 100% for him, for now in that activity. Table 4 provides a sample data sheet for shopping in the community that incorporates all the goals previously described into one activity. These include: head in upright symmetrical position (HC), eye contact, smile to indicate pleasure - ready to go, imitate sign for "go" paired with vocalization, maintain proper positioning alignment in seating (motor), respond with appropriate sign to yes/no request, tolerate ride in car without complaining, carry items on tray - not pushing off, reach for and grasp money, voluntary fine motor grasp release, etc. As you can see we provide numerous opportunities within one activity for the specific developmental, functional training targets we have identified for the student. These same targets are embedded into other community-based activities that may have other themes such as using services, eating in the community, recreational leisure, and grocery shopping. We train for the same level of mastery in four different types of community activities.

Finally, I would like to walk you through some examples of community trips we take and as I describe these, some problems as well as unexpected bonuses we've encountered. Currently, I have eight students, seven with visual impairments and the two with dual-sensory impairments, and all in adapted wheelchairs. Our school is located in the middle of a suburban neighborhood. All of our travel must be conducted by traveling in a car. We never take out more than one or two children so that we can maintain natural proportions once in the community. In grocery store shopping, we have our picture shopping list cards and the students must match the picture with the real item. All the students are expected to carry various items on their trays to assist us as we shop. They must hold onto their items and money until it is time to pay. Then they must release the money. Some of the students don't release well. This gives them a reason to practice those skills. When I prompt him, I say, "Jason, why don't you give the man the money." Instantly, we've broken the ice. The clerk knows the child's name and can start a conversation. They also know what the expectations are so they feel more comfortable with the child and the situation. The clerks can be wonderful. They sometimes need direction and some prompts, but we've not had any bad experiences.

We have one child with a gastrostomy tube, but he also goes to the restaurant with us to learn how to be able to sit through a meal so that he can go out with his family. Marie on the other hand, is very shy and frequently hangs her head. But to order in a restaurant, she must look up, make eye contact, and smile to indicate yes to various "do you want questions". She understands what she is being ask to do and what the consequences for responding are; the need for interacting with others.

Parents did not always have money for all the activities we try to do. I try to rotate who goes on trips and contribute my own money to help control the cost but sometimes it's still not enough. Another teacher and I came up with the idea of saying to the faculty, "If you need letters mailed at the post office, if you have things that need to be dry cleaned, if you have a few objects you need at the grocery store, let our students do it for you." We've had quite an overwhelming response. On numerous occasions they will give us a little extra, a "delivery fee", which we can apply to other activities.

Community-based training certainly requires more effort in terms of planning but also in simple physical energy. However, the pay off in the student's level of motivation to participate, to pay attention, to communicate positive affect is certainly well worth the effort. The parents of my students are the single largest initiators of these programs and the impetus for keeping it going. When you ask the parent what would they like their child to be able to do, to participant in the community, they always have a ready answer. Similarly, when you ask them what has your child learned, gained from the community-based activities, they have a ready answer.

Turning The Negative To Positive: Effective Group Instruction

Diane Cunningham & Beverly Harris

The purpose of the following presentation was to describe strategies and practices for helping increase the effectiveness of large group instruction activities. Specifically, discussion focused on how teachers can use incidental opportunities to teach and, in turn, how these can be fostered to setup another teaching episode.

We are a special education preschool classroom in Williamson County. We serve all children between the ages of 4 and 6 years of age who have a certifying handicapping condition. Due to the wide range of abilities and disabilities that we now have in our program, we have had to adapt our large group session. Making these changes, focusing on individual needs, has helped us better meet the needs of all the children in our class. Although we follow routines and daily lesson plans, we have found modifying planned activities has allowed us to continue with our prescribed course of action while still being able to respond and improvise during naturally occurring situations. Large group which usually is

a teacher directed activity, also becomes a student directed activity and a student-to-student exchange.

One child in particular is the focus of this presentation because of her multiple sensory impairments. Jan is a 5-year-old child with deaf-blindness, demonstrating delays in all areas of development due to birth trauma and prematurity. Although she is beginning to respond to voices and make some vocalizations, her limitations, oppositional behavior and stereotypic behavior have been challenging. In order to address the issue of adapting our large group activity to maximize Jan's participation, as well as, that of other students, we videotaped several sessions to review. We have utilized these tapes in may ways to improve our teaching methods and understanding of the children.

After reviewing the tapes, some initial and fairly obvious "adaptations" became apparent. These included:

1. Recognizing that large group was very long and could be quite exhausting and even boring for many of our students. This was especially true for those students who were only minimally participating. Their primary objective might be sitting, quietly and appropriately.
2. Sometimes the view in back of the student might be better than the view toward the front. Group placement is an essential ingredient. Cut down on competing stimuli.
3. Pace the presentation of materials, such that the items don't compete with each other for the student's focus of attention. That is, think about when in the sequence of events bringing out the oranges for smell and taste would be least disruptive while not losing the potential they provide for revitalizing everyone's attention.
4. Sensory deficits can prevent even the most carefully orchestrated lessons from working well. Careful preplanning with attention to issues such as better lighting, less background noise, large materials, and even substitute materials can address this problem.
5. While we often expressed frustration with the range of abilities presented in the large group format, we realized that this range actually provided us with some real opportunities. Children of different developmental levels could serve as models and be paired to assist each other. By intentionally grouping two children heterogeneously with the objective of completing some small task, allowed both students to participate and learn.

Finally, we will provide you with some examples of large group activity time. These illustrations will demonstrate some of the methods we have used to insure learning and take advantage of incidental learning situations. One day the activities for the group focused on a set of hand puppets. Jan selected the glasses one of the puppets worn for self-stimulation. The teacher continues to talk to the class about the puppet incorporating a discussion of the glasses that Jan has "noticed." Simultaneously, the child paired with Jan redirects her attention to other aspects of the puppet they share. At the end of this activity, the teacher uses visual/auditory/tactile cues to have Jan make the puppet wave bye-bye. Her partner waits patiently then finally physically prompts Jan. Immediately following this event, the entire group is told to wave bye-bye to all the puppets. Jan's partner complies resulting in Jan producing a delayed, but nonetheless, independent model. Spontaneous applause comes from the group including the teacher. Jan also gives herself a hand. Modeling is an important skill that we have targeted for Jan. In a matter of a few minutes, she has had three "trials"--one prompted and two correct.

We used the incident of a child's shoe falling off to purposefully have Jan sign "shoe" because this was one of her goals. The "shoe race" activity that developed provided us opportunities to address goals for each child in the group (e.g., practicing self-help, body part identification, matching, same and different, categorization, and even big and little).

The final example represents our philosophy on large group. Our unit for the week was on describing, that is, using descripters such as color, taste, texture, temperature, etc. to describe various common objects in our environment. It just happened that the night before we had a snowfall. We gathered snow from outside to feel, taste, look, and play with. We also had a bowl of whipping cream to feel, taste and look. The description activity was based on describing how these two were the same and how they were different. Each child in the group had several responses they were expected to produce in this activity. Each being directly tied to their IEP goals. Everyone participated at some level, some tasted and ask for more, some labeled to get more, some of us created complex descriptions to get more. We capitalized on the immediately available, unique (which it certainly is in Tennessee) materials and on the variety of potential types and levels of teaching opportunities.

DISCUSSION

Alana Zambone

Overview

The most exciting thing about today's presentations, this conference, this whole project is the wonderful indication of how far we've moved in serving children with severe disabilities. It represents a

change in attitude about these kids from the early days before 94-142 when I was seven and working with these children. The thought was that they either didn't belong in school, or we should let them in for humanistic reasons but we couldn't do anything with them. It acknowledges that these kids have learning potential and learning needs. It reinforces defining education as getting kids ready to go out into the community. We've taken it from a few people, saying it in isolated research settings to teachers in classrooms in real programs saying, "Hey, look what we're doing. We can do this and we don't have to do it in a watered down way." As I travel around and work with different teachers, that's always the bottom line. They say that's great that you did that at Peabody or Wisconsin, but we're sitting out here in Oklahoma, Tullahoma or Gallatin or some place else. We surely don't have the resources. Is anyone actually managing to this in the classroom? That is what we have seen here today. All the things we say are best practices, those of us not in the classroom, are being demonstrated by you teachers. You're saying that best practices can be done, can happen. Most importantly, we are continuing to increase our knowledge of how these kids learn. How we as professionals can be more effective? Where we need to change systems?

Implications of the Presentations

Group instruction

Group instruction is a very real, very normal format for children in schools. If we are going to talk about integration, if we are going to say to systems, "Yes, our kids can participate"; we need to look at teaching them to be in normalized real situations, such as the grocery store but also what is normal in the classroom. Large group instruction becomes a very real part of that. It tremendously increases integration opportunities in a very non-artificial way. This is the way in which typical children interact. In addition, it provides us with lots of incidental learning opportunities which all the presenters so nicely illustrated. Once again we've moved forward in seeing that children with severe handicaps can learn from interacting with their world rather than just when we decide the situation is appropriate.

Group instruction makes maximum use of resources. This is a critical factor--we only have so much time, so much space, only so many big bodies. Now all these children become teachers to each other. Learning is directed to all the students as quickly and as effectively as possible. All students are participating at some level. It incorporates all the dimensions of critical skills, developmental progression, into functional skills in the setting where the skill is needed. For example, vision stimulation becomes a skill necessary to complete the activity and to participate. Rather than isolated skill training that does not lead immediately to some meaningful conclusion.

Utilizing Resources

Another reoccurring theme by the presenters was, "I wasn't trained to work with this type of student." I hear this same message as I travel across the country, "I wasn't expecting to work with a non-ambulatory child or children with deaf-blindness." Meanwhile, there are all these "less handicapped" children around that need our attention. How can we get over these fears and insecurities about having these students and realize that we do have the skills? That we can learn to meet the needs of these students, that we can seek assistance, ask for help, and implement that assistance.

Functional Community-based Training

One of the benefits of this approach is that it really changes and normalizes our students. This was beautifully illustrated in several of the students' increased alertness. We've seen this for years in subtle ways, e.g., where the child we take out of an institution and place in a foster home changes behavior in the new environment. It makes our teaching a lot easier and increases the likelihood of the student benefiting from the learning opportunity.

Community-based training can maximize skill sequencing. While the child's current target skill may be independence on one piece, they are always practicing all pieces of the full activity and taking it to its logical conclusion.

In addition, this training format increases the children's value to others. The clerk at the checkout line will not just see the "poor little child being pushed through the store" but someone that is going to purchase an item. At the same time, it adapts the environment by making all of us realize that we are responsible for constantly teaching and helping each other. Community exposure demonstrates the value of education. The more times we take the students out into the community the less people will say, " We don't have enough money for PE, why are we educating children who can't learn." Suddenly, the community sees them learning, sees their potential, and sees them as children first.

Incidental Teaching

Once again, we are just beginning to recognize that the students with severe handicaps can benefit

from an incidental teaching approach. As we gain respect for these children as learners, we realize we don't have to so tightly, inflexibly define learning situations. We take advantage of opportunities as they arise. We attend more closely to the sequence, the outcome rather than focusing on isolated skills. We might miss needed components in a highly structured, controlled situation. As we watch and monitor for incidental opportunities, we can maintain our focus on the whole child. The child can show us who they are and how they learn.

Use of incidental teaching opportunities increases the child's capacity to benefit from other environmental opportunities. As the other children learned to be good teachers and supporters for the child with deaf-blindness, they continued these same strategies at other times. The child's learning opportunities increased significantly. Most importantly, we have student- directed learning in a population that rarely directed anything.

Environmental Arrangement

Some concrete examples of what to look for in this area were provided by all the presenters. Everything is a learning and mediating tool for these students. We look at the setting from a child's perspective. How does the setting look from a child's viewpoint? How does the setting look if you're deaf and blind, physically handicapped, or very short? We must address ways to alter our presentation of materials so that we maximize student participation and control.

Evaluation Criteria

As I've listened today, I have taken the evaluation criteria from this project (provided in the introduction to this strand), and those from two other national projects (TASH Technical Assistance and the Vermont Project) and assessed the match. All of the criteria provided in the introduction were demonstrated in the course of describing the "typical day". Other criteria provided from other projects were also nicely illustrated:

1. age-appropriateness both in terms of curricular content, materials, and settings;
2. social integration whether in the grocery store or in the preschool;
3. use of related services was demonstrated in the use and integration of skills from multiple expertise into ongoing activities and routines;
4. transition planning not just from school to non-school
but in giving students skills and thinking about where they are going to go tonight, this weekend with their families, and where the next classroom or school will be;
5. community-based training was obviously occurring for all the groups in appropriate settings and intensity for their age group;
6. curricular organization/systematic data-based instruction has been carried to its logical conclusion. That is, documenting what we're doing so that we know we're doing okay and where we need to go next, rather than documenting for documentation's sake.
7. home-school partnership was tremendously illustrated by all three presentations. Parents and families were clearly a part of program planning and building. Goals were soundly rooted in the broader community of home rather than simply school based.

Replication

The final aspect of any model project is replication. This project has made major strides towards this objective by the very nature of its organization. That is, having multiple sites in which the model is implemented concurrent with molding, shaping, and revising it to fit unique child and setting needs.

Teachers in the field need concrete information, concrete evidence. They need to know how you did it, what your problems were, and how you resolved those problems. Projects like this where individual teachers and programs adopt models, adjust the model, and tell their stories are so critical.

The "do ability" factor is very important, one that we often forget when we're in university settings. If we could come up with a way to network teachers in the field, we might go a long way to making best practices common practice. We need to look at ways to get out pieces of what we do well. If you only get a replication model that's a whole model, a teacher may feel very overwhelmed and defeated. Rather, the approach of take a piece, start here, get the pieces out may move us faster to full implementation.

A final important piece to replication is complete honesty. What works but also what doesn't work. How did your solve problems? Only through these methods can teachers tackle the tasks. Each teacher must begin to view themselves as a part of the network of problem solvers. They must seek information and integrate that information into their specific strengths, needs, and barriers. Finally, they must see that they have a pieces of the answer to the puzzle that locks onto someone else's puzzle and can be shared in a reciprocal fashion.

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STRAND II

TRANSDISCIPLINARY PROGRAMMING

Eva Horn, Gayle Prilliman, Debbie Haskell, Deborah Schumacher

OVERVIEW

Children with multiple sensory impairments frequently have a combination of educational, physical, medical, and emotional problems that require the expertise of a number of disciplines (Fredericks & Baldwin, 1987). The student's right to support service input as defined in PL 94-142 includes those services "required to assist a handicapped child to benefit from special education" (Education for All Handicapped Act of 1975). The responsibility of related services is to provide assistance, instruction, and intervention techniques to assure maximum skill development and appropriate educational programming for handicapped children (Crisler, 1979). However, how effectively children are served depends largely on how the various disciplines organize and coordinate training.

Proposed Model

A model characterized by a sharing, or transferring, of information and skills across traditional disciplinary boundaries has been identified as educational "best practices" (Fox et al., 1986; Hanson, 1982; Nietupski, Scheutz, & Ockwood, 1980; Orelove & Sobsey, 1987; Ottenbacher, 1983). Such a model has been frequently referred to as a transdisciplinary approach (McCormick & Goldman, 1979). Under this model, the various disciplines including the educational staff, parents, and specialized services (e.g., vision, audiology, speech, physical therapy, occupational therapy, orientation and mobility) work together as a team. The team assesses needs, develops a plan of intervention, monitors progress, and makes appropriate revisions of the plan.

In the actual implementation of a transdisciplinary approach, a number of specific service delivery plans may be appropriate and may be used in a variety of combinations. The plan selected depends upon the child's needs, the teacher's level of expertise across the various specialty areas, and the background knowledge of the specialists. Example plans include direct integrated training, consultant-therapist, and role release.

Direct Integrated Training

Assessment and intervention is conducted individually by the specific disciplines. However, regular communication occurs such that a sharing of each discipline's goals and progress on meeting those goals is available to all members of the team. In addition, each discipline incorporates some of the recommendations and training goals from other areas into his/her training session.

Consultant-Therapist

Initial assessment and ongoing evaluations are conducted on a regular basis by the specialists. The teacher is seen as the primary case manager with the specialists providing ongoing programming and teaching recommendations. The specialist is responsible for insuring that these recommendations are in coordination with the child's overall curriculum. Under this plan, all disciplines may be providing or receiving training and consultation on discipline specific techniques appropriate for the child.

Role Release Approach To Integrated Programming

All members of the team assess, develop, and implement programming. This plan is characterized by assessment in the natural environments, teaching clusters of skills, incorporation of all disciplines goals into the classroom or other educational settings (Lyons & Lyons, 1980) Sharing of information and releasing of some functions of one's discipline is absolutely critical to this plan. This sharing or releasing of roles must occur in two directions across the team.

Summary

Regardless of the plan or combinations of plans, effective use of support personnel requires that

all disciplines' expertise and recommendations be incorporated into the context of the child's daily routine (Nietupski et al., 1980). Several general factors have been identified that are inherent to the development of a comprehensive service delivery plan that maximizes the use of support service personnel's expertise. These factors include:

1. The child should be viewed in his/her totality. Specialists should view the child not just from their own professional perspective, but from the perspective of others involved with the training of the child (Hayden & McGinness, 1977).
2. Unnecessary redundancy should be eliminated by coordinating training to provide consistency in programming across key fundamental skills (Bricker, 1976).
3. There should be collaboration among specialists and teachers so that each continuously broadens and enriches their assessment and programming skills (Allen-Meares & Pugach, 1982).
4. Communication and interaction between the teacher, specialists, and parent(s) on program implementation and progress should be continuous to facilitate feedback and revision of programming content (Lyon & Lyon, 1980).
5. The teacher and parent(s) should be an integral part of goal development so that specialist goals and education goals are coordinated to promote the child's overall development (Burggraf, 1979; Holm & McCartin, 1978).
6. Activities should be developed to provide training in a variety of settings, within a variety of activities, with a variety of materials, and with multiple trainers to promote skill and generalization (Hart & Rogers-Warren, 1978).

INDIVIDUAL PRESENTATIONS BY MODEL SITES

Almost Transdisciplinary: Managing A Team To Develop Services For A Child with Dual Sensory Impairments

Gayle Prilliman

Specific issues and strategies in developing, implementing and managing a coordinated system of service delivery for a child with dual sensory impairments were presented. Discussion included how to keep team members focused on common goals, establishing carryover, and managing communication between professionals. These topics were shared from the presenters prospective as an itinerant vision teacher for a 6-year-old boy with dual sensory impairments being served educationally in an integrated classroom.

I had the pleasure this past year of working in a public school classroom in a regular elementary school with a 6-year-old boy who was totally blind and nonverbal. His name is Sammy. He's a dear little boy but along with Sammy came this big package of other people--his classroom teacher, his classroom aide, the PE teacher, his parents, an occupational therapist, a physical therapist, an orientation and mobility specialist, his vision consultant, and many, many special friends. At any given time, there were 13 or 14 "big" people working with Sammy. The number of people involved alone worked against smooth, coordinated programming.

Prerequisites For Successful Coordination

Several key factors were required to coordinate programming, interaction, and communication to achieve a comprehensive child centered program for Sammy. Without these elements our goal would not be attainable:

1. An open, flexible, positive special education teacher. This is the most important person in enabling the teamwork approach to function.
2. Frequent dialogue is critical. One or several members of the team have to be willing to take the initiative to organize regular opportunities to share information. Schedules have to be adjusted and time set aside. Team sharing must be seen as a valued task.
3. Along with valuing the sharing of information, all members of the team must perceive the value of the team approach. Not all team members may have the same appreciation of the team approach. You just have to live with that. But, if the significant members do (e.g., the classroom teacher, the parent, and a couple of other members), there is a starting place and an example to provide.
4. Each consultant, all team members, must be willing to assume different roles at different times. Sometimes you can take the lead but sometimes you have to sit back. You must remember that your

role is to facilitate team collaboration.

5. Finally, we must all maintain realistic expectations. You must realize that not every team member will contribute equally, not every team member will have the same experiences. Some may have had a negative experience, some may have had positive experiences and are therefore better able to work with you. If things go well the team approach is marvelous. If things don't go well it can be frustrating, and always challenging. You have to keep in mind the big picture and that things take time.

Obstacles

A number of common obstacles are encountered. Some have been indirectly addressed above. However, I would like to address them directly. First, high staff turnover is a reality for any public school program. The continuity we would all like to see is very elusive. The need for continued, frequent, and regular communication is accentuated.

Another obstacle relates to the logistics of scheduling. If you are an itinerant teacher, you are expected to cover seven or eight schools. You can't get there as often as you like and when you are there who knows what may be happening in the classroom. Even when you try to stay on a specific schedule you have to be flexible especially if you're wanting to have a chance for face-to-face dialogue. You may simply have to follow them to the car or work side by side in the classroom and learn through mutual observation.

Ownership of case management for the child can become a real "turf" battle. As a support person, there are times when I really feel like it's my case and I want to be the one that follows up and keeps everyone on target. There are other times when I feel like I'm just a working part of the team because the classroom teacher is obviously comfortable in that leadership role. Sometimes it's the parent who monitors the implementation of the various facets of the program, other times there may be two or three support persons who feel they own the case. A coordinator must be established. It requires negotiation and compromise by all members keeping in mind the overriding goal of a coordinated, comprehensive program for the child.

Stereotypes and misinformation about both professional roles and characteristics of specific disability types and levels can frequently interfere. Especially when dealing with children who have multiple disabilities, low incidence populations, many of the support staff may have very little direct experience. Even the experience of working together, sharing and learning together with multiple disciplines may be very new to some members of the team.

Implementation In An Integrated
Educational Setting

In an integrated setting consultants may provide support at three levels:

1. To a special education teacher and aide who may have never worked with a multiply impaired child before. This teacher is primarily responsible for integrating the student with students in the regular program of the school.
2. Providing support to other support service staff, regular classroom teachers, and students who serve as special friends, all of whom have more than likely had little experience or no experience with a child with multiple handicaps.
3. Support and instruction directly with the student to assist them in learning and compensating for their specific disabilities.

Consultants must assist at many different levels and work together with a variety of individuals. You will have success to varying degrees. Again, the synergy of the team approach is so exciting when it happens. It's worth the effort it takes to make it happen.

Building a Communicative Environment Through Transdisciplinary Programming

Debbie Haskell

This presentation focused on issues involved in establishing a communicative environment. One aspect of establishing this kind of setting is the use of related services personnel. Topics of discussion included: how do you establish a focus on common goals when team members can't get together, the role of the classroom teacher as "team leader", and examples of how communication goals can be integrated into motor skills. Two case examples were provided to demonstrate the implementation of a "modified" team approach to establishing a communication system for children with multiple sensory impairments.

Communication is the most basic, functional ability that any child can learn. For children with multiple handicaps it may be the only way in which they can directly participate in daily activities. Often finding a reliable method for presenting communication content and identifying a consistent response mode is extremely difficult. The information that involved persons and disciplines can give is extremely important. Parents, teachers, occupational therapists, physical therapists, speech therapists, and vision and hearing specialists all have pertinent information that needs somehow to be integrated into a functional communication goal. Ideally, all these persons should sit down together and discuss relevant concerns e.g., facilitative positions, motivating situations, materials and people, opportunities for communication, appropriate type and level of communication system, methods of optimum sensory input, and the most reliable mode of response for the child. If this meeting of the minds is not feasible, then the responsibility often falls on the teacher to gather this information and consolidate it into the best approach for that child.

The most fundamental information about the child is best learned from the parents--daily schedules, fluctuations or patterns in physical states, favorite activities, foods, toys or people, behaviors expected, and most importantly, the family's level of communication with the child. Even if this information does not seem to match your own observation of the child, pay attention. Jason's parents reported that he talked to them at home, and after months of his becoming acclimated to school, he began to make vocalizations that were no doubt attempts to verbalize. This has not turned out to be his most reliable means of communicating at school, but we do now know that his receptive language and cognitive abilities are much higher than we originally thought.

The vision and hearing specialists can give valuable information on optimal presentation of materials to the child. Lauren, for instance, sees best when pictures are presented to her left at the periphery of her visual field. Jason sees two pictures presented for a choice when they are presented off-center rather than at midline.

The positions in which a child can best see, hear, and control movements should be suggested by the physical and occupational therapists. For some children, their position is critical, but for other children, their ability to access information is so limited that all conditions must be just right. Lauren, a low tone child, attends and responds best in a modified supine because this provides the most stability for her. This can sometimes cause a problem in generalizing a response to different situations. Lauren learned to say "uh" and raise her arm in supine to indicate she wanted to get up. Additional training was needed for her to gain the same skill in sitting, and then the response looked different because of her inability to raise her arm in that position. Jason, however, receives information and responds best when in his wheelchair because his extensor tone is controlled.

The speech therapist can help plug the child into the continuum of communication systems. Whatever the beginning point may be--pictures, gestures, signs, choice-making--there is a logical progression and their expertise is very helpful. Choice-making for example, can progress from objects to 3-dimensional pictures, to photographs, to line drawings, to symbols, and from two items to a full communication board. The speech therapist, along with the occupational therapist, can also help determine the oral motor skills of a child and what potential the child may have for responding with vocalizations.

Consultants have a great deal of information to give, but may not provide all the information unless asked specific questions. Asking the right questions can help the consultants put the information they have to offer in an appropriate perspective. A physical therapist might note in a very thorough evaluation that a child has very limited range of motion in his upper extremities, but might not offer suggestions for helping the child to touch a switch or a computer unless specifically asked to do so.

Consultants may not have time to discuss changes or progress with other consultants. It becomes the teacher's role to act as liaison among the different disciplines. The teacher also needs to relay information from the consultants to parents, informal suggestions as well as written evaluations.

Children with the most severe disabilities such as Lauren and Jason can be puzzling at times. It truly requires joint efforts by all members of the team to move these children toward becoming active participants in their world. If we all agree that the goal of education is to improve the quality of one's life, then those of us who are involved with children with special needs have that promise to keep also.

DISCUSSION
Deborah Schumacher

What makes an approach transdisciplinary? I propose there are two critical aspects. First, is

"common vision". That does not ask how many people are involved, where they work, whether they are physically in the classroom or not in the classroom, or how they communicate information in person, written or by phone. Rather it asks the question, does the team share a common vision or goal of what their task is? Is there agreement of what our outcomes should be?

Second, is the concept of team member's attitude. That does not ask are the therapist, teacher, etc. willing to give up their turf, share knowledge, or do some aspects of another person's job. Rather it asks do the individual team members have an open, flexible approach to roles and responsibilities? Transdisciplinary is an attitude not a service delivery system.

If we take these two critical aspects and apply them to what has been presented today, we would have to say without hesitation that a transdisciplinary approach is operating. Certainly, under a strict definition specific pieces are not in place and the notion of "almost transdisciplinary" would apply nicely. But movement to full role release has occurred, at least at the grass roots level. The professionals are breaking down the barriers, are talking, and sharing information and expertise.

Movement to this level of implementation and continued movement toward an idealized notion of transdisciplinary requires continual and gradual shaping. In addition and probably more importantly, strong leadership is required. Someone needs to take the initiative to begin forming a team, developing a common vision, and shaping attitudes. Both presenters today demonstrated true leadership and initiative in the common vision of transdisciplinary programming.

How do we initiate the movement to transdisciplinary? Today, there has been repeated discussion of the notion of common goals through the development of activity-based programming. Activity-based programming is defined as training goals in real life functional activities while concurrently embedding critical development skills within these activities. Certainly, this is a very appropriate means to begin the movement towards transdisciplinary programming. I would like to add, to challenge all of us, to back up and look at the role of the parent in terms of input into planning common goals.

The parent can provide the catalyst for the team to develop a common vision. Common vision is not developed by putting all disciplines in one pot and shaking them up and pouring out common goals. Rather what happens, as the team works to select and prioritize activities this commonality begins to evolve. We should first sit down with the parent and select and prioritize activities based on the parents priorities. If every professional accepts the priorities laid out by the parent, then every assessment, program plan, and material developed is defined by that common vision. For example, we don't ask for a generalized P.T. assessment. We ask for an assessment that describes training needed to allow the child to participate to the maximum extent possible in prioritized real-life activities. All team efforts than become focused.

How do we develop and shape attitudes among professionals? Certainly common focus/vision can impact this significantly. In addition, the notion of knowing the right questions to ask is critical. Two-way information exchange occurs through the process of asking questions. By shaping through questions, we are letting the specialists know what information is needed as well as receiving the answers we need. For example, the P.T. will learn what an educationally-oriented evaluation report needs to contain and what contexts need to be addressed?

Finally, I would like to address some other general issues that impact our chances for success. Certainly, those issues presented earlier (scheduling, lack of professionals, pull together vs. pull out) must be dealt with each time we set up a team and often continue to require our attention. An overriding issue that repeatedly appears in the literature is the notion of "team functioning". That is, how do we create a cohesive working group beyond simply sharing information? The critical issue is leadership. Someone that wants and desires teaming and can inspire others to buy into the approach. I want to take my hat off to these two women. They certainly have demonstrated leadership in "moving towards best practices" for the students they serve.

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STRAND III

SOCIAL INTEGRATION

Eva Horn, Suzie Steinbrecher, Norris Bishop, Kent Logan

OVERVIEW

A critical skill for functioning in normal environments is the ability to interact with peers (Polloway, 1987). This notion has generally been referred to as integration of all students (Gilhool & Stutman, 1978). Quality programs need to teach these skills and provide opportunities for their use and practice. To be truly integrated, programs must include both placement in age-appropriate public schools and a maximization of interactions between students with handicaps and their non-handicapped peers (Brown, Nietupski, & Hamre-Nietupski, 1976). Thus, movement towards full integration can be addressed from two interrelated aspects--physical integration and social integration.

Physical Integration

Physical integration requires that the physical distance between students with and without handicaps be decreased. This can be accomplished by the movement of students with handicaps from segregated centers into special education classrooms at chronological age-appropriate, regular school sites. In some cases, it may mean the dispersal of the "special education wing" into the regular school campus such that natural proportions, and age-appropriate placement occurs. In yet other cases, it involves assuring equal access to all sub-environments of the regular school campus.

Placing students together at the same site does not automatically guarantee that physical integration will occur (Brown, Branston, Hamre-Nietupski, Johnson, Wilcox, & Grunewald, 1979; Hamre-Nietupski, Branston, Gruenewald, & Brown, 1978). Physical integration should involve sharing as much of the school building and school routine with non-handicapped students as possible. For example, all students should share similar school schedules so that they can share the school cafeteria; attend school assemblies together; share entrances, exits, and hallways during transition times (e.g., arrivals, departures, and class changes); and participate in the same non-academic school wide events (e.g., student council, candy sales, field days, school pictures and yearbooks).

Social Integration

Although physical integration is clearly the initial step, research indicates that it does not necessarily lead to social interactions (e.g., Goodman, Gottlieb, & Harrison, 1972; Guralick, 1980; Johnson & Johnson, 1980). Innovative and systematic efforts on the part of special and regular educators must be made in order to bring about positive interaction experiences. A necessary component is not merely the presence of nonhandicapped students in the same setting, but the way in which interactions between these students are systematically facilitated (Stainback & Stainback, 1982).

The social integration of students with severe multiple handicaps is not always synonymous with mainstreaming (Blankenship & Lilly, 1981). Due to the severity of handicaps and the need for specialized comprehensive community-based functional programming, consistent participation in the regular academic program may not be feasible or in the best interest of the student's educational needs. Two fundamental approaches have been identified for structuring systematic interaction opportunities--integration and reverse integration.

Integration

Integration programs can be developed and systematically implemented to facilitate and enhance social interaction during regularly occurring non-academic activities such as lunch, recess, library, art, and music. Children with handicaps participate in these activities along side their non-handicapped peers on a regularly scheduled basis.

Reverse Integration

Reverse integration refers to integrating students without handicaps into classroom for children with severe multiple handicaps (Almond, Rodgers, & Krug, 1979; Poorman, 1980). Strategies for reverse

mainstreaming include the consistent involvement of student without handicaps in class activities such as recreation/leisure (play), music, art, or assisting in functional academic/life skills instruction.

Special Friends

In both integration and reverse integration situations, a strategy for promoting systematic structured social interaction involves establishing "special friends" or peer tutor programs (e.g. Almond et. al., 1979; Fenrick & McDonnell, 1980; McCarthy & Stodden, 1979; Poorman, 1980). Special friends refers to training students without handicaps to socially interact with their peers with handicaps de-emphasizing an instructional role. Peer tutors on the other hand are provided with a specific assignments by the teacher, taught how to conduct a session, and are given feedback and monitoring on their tutoring.

Activity Identification

An ecological inventory approach can assist in identifying integration activities. The inventory serves to delineate: (a) naturally occurring time periods during the day in which interactions may occur (e.g., before school, passing each other in the hall, recess, lunch); (b) chronological age-appropriate activities; (c) skills necessary to participate in these activities; and (d) additional factors in the environment such as school rules, norms, dress codes, types of music listened to, types of games played, etc. The results of the ecological inventory need to be analyzed and prioritized to establish intervention. The activities selected should provide for a variety of interaction types and promote the generalization of the child's educational objectives.

Staff Integration

A final element of integration is for the special education teacher to also be an integral part of the school staff. To facilitate this the teachers should: (a) comply with the rules and protocol of the school; (b) volunteer for staff duties (e.g., recess, committees, bus duty); (c) take responsibility for activities when students are integrated into the regular program; (d) volunteer to help with school wide activities; and (e) participate in other activities that establish mutually respectful relationships with all members of the staff.

INDIVIDUAL PRESENTATIONS BY MODEL SITES

Integrating Children With Multiple Disabilities Into An Elementary School

Suzie Steinbrecher

The session described one teacher's experience with moving her classroom from a segregated special education facility to an elementary school. The teacher discussed methods used in preparing the school (teachers and students) for the arrival of the new class as well as activities for preparing her students for the move. Finally, she will provide case examples of activities used including both reverse integration and integration to establish social integration of her students.

Welcome to Tom Joy Elementary School. Our school has 800 students or more, kindergarten through 6th grade. We are the 4th, 5th and 6th grade option for students with severe multiple handicaps in our school system. Our class is located in the 4th, 5th, and 6th grade wing of the school. We are right in the middle of all the action, on one side is a 5th grade, the other a 6th grade, and around the corner is a 4th grade.

We've only been here for 4 months. Before this, we were in a special center for students with multiple handicaps ages 4 to 22 years. Before we moved, many individuals we encountered just said "Why?". Why do you want to do this? Just look at this wonderful school your in, what a beautiful building. The whole world is at your disposal. Just look at what you have. Right now you have a horse from K-Mart so the children can go horseback riding on the electric horse. You have everything you could possibly want. But there was one big piece missing, that one important ingredient. There were no little people that walk around and come up and say "Hey, hey is this that guy who likes to go to Bonanza all the time?" They were missing those children that would talk to them, ask them questions. You can't communicate with another child that doesn't talk. If you don't talk and you both can't move, the only thing you can do is look at each other. I'm sure they have their own little signals between them but there was just something missing, something desperately wrong.

There were the people that were saying, "Sure, sure I agree with you but my students aren't ready yet, they need to walk and talk before they can get out." Then there were the people that said, "Well, why not it's a long time coming, let's give it a shot." It wasn't just teachers and administrators saying all these things. It was parents and me, too. It's not easy to move out of safety and security to change. Would my student, their children be laughed at, teased? Probably, but let's see if we can prepare everyone for this.

There was one little girl that we (Mom and me) were really concerned about especially at lunchtime. Kids were coming up touching her communication board. What is this, what does that do, how come she doesn't talk, and how come food is coming out of her mouth like that? So, I just put a phrase on her communication board, "Those are funny kids". Everytime they come over she looks and goes "funny kids." She gives me the signal, aren't those kids strange. They just don't know.

The terminology can be frustrating we still get "Can I work with your handicaps?" I say, "Can you work with my students, can you work with Christa, sure?" When the kids come up and just stand there and stare, I first think don't do that, I get upset. But then I say, "Hey, come over here, let me tell you something you can ask her or talk to her about". I give them some information about my student, and suddenly there is a link. Turns out they both think Michael Jackson is the greatest, and you just have to say his name or hum a few bars and everyone is smiling ear to ear.

During the Fall before we moved to Tom Joy, the PE teacher came to our school and helped us put together a videotape about "us." Everything about us. Lunchtime with all our bibs, food falling out all over the place. Free play time when we listen to silly stories and laugh and giggle. Work times when we have to complete our worksheets, too, using our communication boards. Shots of us in our chairs and out of our chairs, all stretched out like any other kid.

The first few days we were in our new school, we put together a handout that reinforced the videotape. The handout introduced each child, told them what their favorite things to do were so that when they came in it was, "Is this the little boy who likes to go to Bonanza?", "Is this the little girl who likes Michael Jackson?". I also sent a letter to each of the teachers. They could sign up for blocks of time to send students in for reverse integration, or special friends time. We also set up time for integration, including whole classtimes such as arrival, physical education, lunchtime, and assemblies. In addition, we had times throughout the day when my students go out individually for their library time, student council meeting, language arts or D.A.R.E.

Our special friends come in throughout the day to help us with our work. One thing that I was constantly reminded of was that these students shouldn't just be helpers, they should be learners. They shouldn't just be the people who facilitate arms and help out, but that you should also teach them at the same time. We have a work store on Friday afternoon when my students cash their "paychecks." We have a lot of special friends that come in at that time. My students are buying stuff right and left and their friends are helping them hand over the money and open packages. As I started to hand over a package, I said to Christa's friend, "Two plus five and subtract one and then add three in your head real quick to get all the pieces of this toy for you and Christa." All of a sudden these kids were trying to do math skills. If they got it right, they got something out of the store as well. When they leave, I try to give them a little more information then what they came in with. They are also learners and I'm also a teacher in this school. Not just a special education teacher but a teacher they respect.

Some of my students had to get use to the idea of special friends. If you've spent your life being entertained by adults, manipulating adults, maybe you're not to keen on the idea of a special friend coming to help you with your work. Christa wasn't too sure about the idea. Her Mom wasn't too sure either. I didn't brainwash her into thinking she had to do this. This was an opportunity for her. She had to give it a try, but she could at any moment in time say, "I don't want her here anymore". She always knew that she had that right, that this is not a once in a life time opportunity, that she's here for life. So for now, she has friends helping her with her work.

At lunchtime, too, for the first time we really have choices. We have a self-serve lunch line. Something we've never had before. You can actually see the food and you actually have choices. Our friends go through the line with us and wait as we make choices between lasagna and tuna fish, and then you go on and get two vegetable choices, and even two fruit choices. Christa has to find the words on her communication board and live with her choices. They sit together and have lunch. Roderick goes to lunch 2 days a week with another class, at a different time. The first day, we had taken his lunch ticket with us to make things easier. When the teacher handed out the lunch tickets for the other students and Roderick realized his was already turned in, he was not at all pleased. Next time I knew better.

We went to Special Olympics. This year instead of taking "community volunteers" to help us we took

our friends from school. It was a totally new experience for us. My students had their friends along. It was just wonderful. They each made their own Tee-shirt so that they were a part of the group. They carried our banner in front of us in the parade, no adults carrying it for us.

The students in our class made real friends. Marie is a case in point. People said you really don't want to ask her to come along because she's not that "high." Her parents have unrealistic expectations for her. But there is Brian, he is her boyfriend. I mean we're not talking a boy friend, we're talking this guy loves her dearly, brings her bows. He and his friends came to her parent's house for a cook-out. Her brother got to play with Marie's nonhandicapped friends. It was the first time in his life that he played with his sister's friends. At a PTA meeting, Brian's sister wrote on her "Magna-Doodle", "Marie loves You." Brian didn't go over and erase it going, "No, no don't do put that on there." He was very proud of it. When I was Marie's age, I had a boyfriend, too. Marie's relationship with Brian may last just as long any girl's first love lasts, but it's a normal relationship that everyone has.

I'm still learning about these kids. You bring them out of a segregated setting and you look at kids in a whole different perspective. They're kids. They're not multiply handicapped kids, they are kids who have multiple disabilities. If you want communication, just have someone try to walk out of our room and say, "Bye, we're going to a pizza party" and watch all your noncommunicators go. You get the looks that say, "if you don't integrate me this second, I'm never speaking to you again."

In closing, I would like to say, when I come to presentations like this, I look out and see people smiling at neat little things--but someday let's not just smile, but let's just do it and say "Why not!"

Using Special Friends To Help A Child With Dual Sensory Impairments In An Integrated Setting

Norris Bishop

This presentation told about one teacher's experiences with helping a young child with dual sensory impairments become part of her classroom. Discussion included the reactions from adults and students; the use of special friends to teach orientation and mobility, gross motor, fine motor, and social skills; integrating the child into various school activities; and the child's progress to date.

My classroom is a preschool program for 4- to 6-year-old children with developmental delays located at Paragon Mills Elementary School. Our school's student body is comprised of kindergarteners and 3rd through 6th graders. One of the major focuses of our program is social integration. As a function of this focus, we have developed a special friends program. Third through 6th graders in the school come in at assigned times throughout the entire day and help in whatever activity is going on at the time. In addition, we are integrated for breakfast, lunch, library, playground times, and school assemblies. Breakfast integration is with any of the students in the school that happen to be eating. However, lunch, library, and playground time are with the kindergarten classes. Even during times of mainstreaming, the special friends program is still going on.

One of the students in my class was involved in the PIP project, Sammy. Sammy is a 6-year-old child with total blindness, auditory processing delays, and nonverbal communication. Previous to my program, Sammy was being served on a contract basis at the residential school for the blind. The staff of the PIP project, working together with this parents, transitioned Sammy back to his home school district. The project coordinated together with myself and the various auxiliary staff to smoothly transition him into our program. For example, Sammy has learned a few manual signs for communication and is working on a number of additional ones. The project developed a sign book for him that has actual photographs of the sign he uses and the corresponding word or meaning. In this way, everyone that works with him can understand when he produces a sign and can be consistent in prompting other signs. In addition, time was put into coordinating efforts from the vision consultant, speech therapist, physical therapist, and his mother to assure that we were providing for Sammy's learning and meeting his unique needs.

Some of the initial reactions before Sammy entered school from some of the teachers were comments like, "Why isn't he in the School for the Blind?" or "We're not set up to work with a blind student." Even I was afraid because I felt like I didn't have any experience in visual impairments. I was worried that I wouldn't know what to do with him. All my materials are visually oriented. The preplanning and continuing coordination of support was really wonderful. One of my biggest support systems turned out to be the special friends. Before he arrived, I had an information meeting with a

large group of special friends to let them know about Sammy and his "special" disability. They were so excited. Their hands were just popping up in the air asking a whole lot of appropriate questions and wanting to know all about him. That really helped to calm me down because their excitement made such an impression on me.

To establish the special friends program, I go around to each of the teachers at the beginning of the year. Each of them sets up 30 minute blocks where they send a designated number of children. For example, I may want 4 students from 8:30 to 9:30, 3 students from 9:00 to 9:30, etc. throughout the school day. The number I ask for depends on the activity that's occurring or the functioning level of my students. If I have a lot of students who are more involved, I'll probably need more special friends at that time.

During classroom instruction time, I have two tables in the room. One table for myself and one for my instructional aide. It is there that we work one-on-one or two-on-one on the student's IEP goals. The remaining children are in center areas, referred to as preferred areas, where the students are not receiving direct instruction but go and play with their special friends. These areas allow for a lot of language, communication, and social skills. Sammy worked specifically on such important social skills as turn-taking and sharing, and the always important compliance. His special friends knew how to elicit his signs and prompt them if necessary.

Another way in which we integrate our students is to bring five kindergarten children to our classroom or out on the playground and play group games. Some of these group games were called "group affection" activities. They are just typical preschool songs and games that have been modified to include affectionate responses. For example, "Ring around the Rosie" is modified so that one says, "We're all good friends" and instead of falling down we give our neighbor a hug. Another example is "If you're happy and you know it, hug a friend" or "Simon says, tickle your neighbor."

The special friends also help in transition. For example, they assist in getting Sammy around the building. Together with the itinerant vision teacher, we have trained the special friends to be "sighted guides" for Sammy. He is learning to use the information they provide him to travel throughout the building safely and effectively.

To sum it up, I think the special friends program benefits everyone involved. I think the teacher can use it to their advantage because they can make it contingent on good behavior or completion of assignments. One teacher sent her four biggest behavior problems every day. It worked out real well. Often these children have lowered self-esteem and need individual attention. We give them a lot of responsibility. They have this little person who's just worshipping the ground they walk on. I think it helps them feel better about themselves. The special friends are also learning to be more accepting of children with handicaps. They will grow up knowing appropriate interaction skills.

DISCUSSION
Kent Logan

The TASH Technical Assistance Project, for which I work, says that dual sensory impaired children can not only be served in the least restrictive setting, but with a little technical assistance, can get something better in those settings. You can provide best practices such as systematic instruction, functional curriculum programming, and transdisciplinary programming in segregated environments. You can't, however, provide social integration. I firmly believe the key to the whole puzzle of quality programming for children with dual sensory impairments is social integration.

How do we achieve this key element? Our biggest obstacle is convincing people, lots of people, that they can "do the right thing." That they can learn with a little help and a lot of support what the right thing is and then do it. I have a chart in my office. I don't let anybody see it, but I'll give you the results. On the top of the chart are the letters: RR,RW,WR,WW, and NH. RR means you're doing the right thing in the right way. RW means that you're doing the right thing but you're just not doing a good job of it. You're doing community-based training, but you've got too many students going out at once, or you're doing field trips instead of instructional programming. WR means that you're doing the wrong thing in the right way. You're doing bad stuff, but you're doing it systematically, you're taking data, and you're prompting. WW means you're doing the wrong stuff in the wrong way. NH is a category I added. Unfortunately, I had to add it. It means nothing is happening. I mean they are not even babysitting. There's no reliability or agreement because I'm the only one doing this. I have 54 programs on my chart that I have consulted with or visited. Ten percent of the programs are doing the right stuff in the right way. In other words, this project and the presenters today are in an elite minority of people nationwide. About 10% of the people I see are doing the right thing in the wrong way. Another 10% are doing the

wrong things in the right way, they know how to teach. A full 60% of the programs I work with are still doing the wrong thing (nonfunctional activities) in the wrong way (nonsystematically). Unfortunately, 10% of what I see is babysitting or less. Therefore, you folks have certainly "moved toward and to best practices."

How did you get there? I propose that the following aspects were in place, came together: support, demonstration, belonging/buying in, and coming to an understanding of what is really important. There is not necessarily a sequence to these components, one is not a prerequisite for the next. They must all literally come together to produce meaningful, permanent change.

Support

In the TASH TA model, we believe that people can do the right thing if they get a little help. Some people can do the right thing without any help but I've heard over and over today, "I wasn't prepared for this." I'm not sure who is ever prepared for what happens. I wasn't prepared to get married. I wasn't prepared to have children. No one is prepared for those things. You learn on the job. It certainly is nice when someone comes and helps you, when you get advice, some answers, and a lot of support. When you have a state the size of Tennessee, however, there are not enough technical assistance or special project dollars to go around. That means we have got to establish a peer-to-peer network. If you've got something good going on, you have an ethical and moral obligation to go do something with it. We all need to become receivers of information and support, but then must also become givers of information and support.

Demonstration

I've heard some talk today about the role of the principal. You've got to sell that principal. How do you sell that principal? How do you sell the parents? How do you sell other teachers, regular and special education? How do you sell the community? You make it work. We don't necessarily need lots of graphs to show kids attending to one another, or completing tasks. It's great to have a philosophy, it's even more important to have a few slides. Do it? Get those students out into the community? Bring those special friends in. Let the friendships develop. Answer those tough questions. Do it and then share the results?

Belonging

You've got to work toward including yourself and everyone else. I've heard over and over again that not just the students must become integrated but the teacher as well. The old phrase, "friends of my friends are friends of mine" rings true. That's the way it works with teachers and that's the way it works with students.

As a special education supervisor, I use to complain that my teachers had to do bus duty. It wasn't fair they had IEP's to do and had no lunch break. I had my eyes opened by a third grade teacher. She slapped down a stack of papers several inches thick and said, "Kent, I'm taking these papers home tonight to grade. Do your teachers grade papers?" No, they don't. My teachers do bus duty, not happily but they did do it". The dividend paid off down the road. Teachers saw that we were a part of the school. They saw we had a vested interest in the school community.

Understanding What's Important

The most important planning mechanism that you can implement is what we call "exit option planning." Where and what are the options for your students when they leave your setting, the educational system. Where do you want them to go? What should they be doing? If you are not addressing these exit options in planning then you are not planning? If exit options means supported employment, community life, group home living, community play, and family and friend support you have to provide social integration.

Twice today, I heard the word "love". "Marie loves you." Love is something that's a social interaction and you don't get it if nobody interacts. Students gain friends--not just special friends. The contact, the structure, the special friends come first and then comes the friendships. It's only by getting in those environments, getting into those situations, making those contacts that we can begin to understand what skills are truly critical, functional life skills.

I'd like to share an anecdote that I heard the other day that nicely illustrates the notion of "understanding what is important." We have been doing some work in an LEA together with the "Language Research Center" at Georgia State University. They have put together communication boards, and developed intervention techniques to teach the students object labels to use for requesting. For example, a student would have a picture of a cup to request something to drink, a toilet picture to indicate the need to use the toilet, etc. The student's parents got excited as their child learned some of these labels. They started bugging the teachers and researchers for other content. They ask for things such as "Please," "Thank you," "How are you doing." One parent wanted a symbol for "Hey man, what's happening." All of a sudden the "professionals" realized what was Important about the phrases the parents wanted. What the function of these phrases was. Their functlon was social interaction. How much social interaction can you have over a label? Not much! You can have a lot of social interaction over phrases and words and concepts that lead toward people getting together. As the teachers and researchers took a hard look at the communication boards, they realized that communication boards can look real weird. They have all these bizarre symbols. You see "cup," "Mom," and if you are real low functioning, there's a "vibrator." What kind of conversation do you start with a child by saying "cup?" You can start a conversation with "What's happening?" or "How do you feel?".

Over the last 5 years, I've seen my own changes and growths as I begin to understand what's important. It's being demonstrated over and over again that children with dual sensory impairments can be served in less restrictive setting and live at home. The questions was asked, "Why isn't Sammy at the School for the Blind?" He's not at the School for the Blind because he can get an equally good program in his home school district with a little bit of technical assistance and support, with a little bit of professional cooperation, a lot of input from parents, an understanding of what's important, and a lot of social integration.

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STRAND IV

SYSTEMS CHANGE

Bruce Smith, Linda Messamore, Suzie Steinbecher, Camellia Hedgcoth, Debbie Haskell
Jennifer Butterworth

OVERVIEW

The goal of a systems-change strategy is to modify the way a system operates and provides services to improve the quality, extent or nature of those services (Haring & Billingsley, 1984). The purpose of this introduction is to examine how systems-change strategies have been applied to meet the mandate of educating children with multiple disabilities in least restrictive settings.

Changes in systems can occur as the result of many different factors. The degree of change may range from revolutionary to incremental. Changes may be brought about because of outside forces such as legislative or judicial edicts. These changes are often the most revolutionary in that they radically alter the way services are provided. The passage of P.L. 94-142 and the Brown vs. Board of Education (1954) supreme court decision are examples of revolutionary change imposed from the outside.

A second factor may be "enlightened self-interest." This is when a school district decides that it is in its best interest to change the way services are delivered. For example, a school district may decide that it is more cost-effective to transport students to a home school rather than to a single segregated facility. These changes are less radical but still represent wholesale changes in the delivery of services.

A third factor may be described as evolutionary. This is when changes are implemented in response to increased knowledge of information about what constitutes the best way to accomplish a particular goal. These kinds of changes often occur in a more incremental fashion. However, the cumulative effect of each of these smaller changes is often to create a radical change in the way services are provided.

The passage of the P.L. 94-142 has had a significant impact on the educational services provided to all children with handicaps. It has not only extended the right of education to all children with handicaps, but has also effected how those services are provided. The majority of children in special education programs are now served in mainstream or integrated settings. However, services for many of the children with multiple sensory impairments or severe disabilities have continued to be delivered in separate special facilities (U.S. Department of Education, 1987). The continued existence of these segregated programs have prompted discussion both about their appropriateness and about how to change them.

There is little consensus on the best method for effecting change and whether the degree of change sought should be revolutionary or incremental. However, there are several elements that can be identified as critical. These elements include changing community and professional attitudes, personnel preparation, and family support. The importance of each element is that it is needed to either ensure that changes are maintained or to provide a basis for continued advocacy and further changes.

Changing Attitudes

The first element involves changing both community and professional attitudes. Haring and Billingsley (1984) advocate that professional attitudes toward children with multiple sensory impairments change from one of noneducability to recognition of the potential for learning and increased self-sufficiency. In addition, they call for community attitudes to change to support the right of persons with multiple sensory impairments to employment, normalized leisure-time activities, and participation in their communities. The change in community attitudes toward where students receive educational services is especially critical. Where educational services are provided may have a significant impact on where and how services are provided after a student graduates (Brown, et al., 1987). Changing attitudes is often a matter of reeducating people to the potentials of the persons involved. The reeducation is dependent on regularly occurring opportunities for interaction. These opportunities may be brought about in a variety of ways. These include: (a) students with severe disabilities leaving their classroom to participate in an activity with nonhandicapped peers that had previously been "off limits" or exclusionary; (b) a class

gaining equal access to school facilities and activities; (c) the movement of students from a more restrictive to a less restrictive setting; and (d) the movement of a class from a segregated to a less-restrictive setting. There is a large body of research (Haring, Breen, Pitts-Conway, Lee, & Gaylord-Ross, 1987; Hunt, Alwell, & Goetz, 1988; Stainback & Stainback, 1981) to support the contention that "planned, sustained interactions between students with severe disabilities and non-disabled students, also results in positive attitudes and improved social interaction patterns" (McDonnell and Hardman, 1989, p. 69). On the other hand, "segregation begets segregation" (Brown, et al., 1989).

Personnel Preparation

The second element is personnel preparation. There is a need for preparation in more functionally oriented teaching strategies. These strategies emphasize instruction in natural settings, the use of age-appropriate activities and materials, and preparing the child to function in the next less restrictive setting. There is also the need to prepare teachers to be change-agents. Teachers need to be knowledgeable about systems-change strategies and to act as advocates for the untapped potential of many children with multiple sensory impairments. The element of personnel preparation is especially critical to families. Noel (1984) describes four case histories of families who have changed systems through their individual advocacy. She notes that three things the families saw as constituting "best practices" were the quality of services, the need for relevant long-term educational goals, and preparation for success in the real-life world. For many families, the issue of quality of services transcends the setting for those services. Noel (1984) quotes one family as saying "integration is important. . .but only in the context of an overall quality program" (p.60).

Family Support

The third element is the need to gain family support. As in many aspects of the educational system there is a continuum of opinions on how services should be provided. At one end of the continuum are many families of older children who led the initial fight to obtain services for children with handicaps. These services were most often offered through segregated educational placements. Over the years, many of these families have invested time, energy, and concern in maintaining and expanding services in those settings. Additionally, they see those settings as the best way of providing services and have become strong advocates for those settings. Noel (1984) points to an often unspoken concern by families that they are being ask to sacrifice their children's education to, in their eyes, an unproven ideal. At the other end of the continuum are families who see integrated educational settings as their child's right and the only option for services. To bring about changes in the educational service system, it will be necessary to develop a consensus between these two points of view. One tool in forging this consensus is the development of demonstration classrooms. These projects depend on some families being willing to act as pioneers in allowing their children to be educated in nonsegregated settings. Universities can often help to facilitate this pioneering effort by providing technical assistance, training, and support to these classrooms. By doing so, the university may help to allay some of the initial parental anxiety. However, the most critical point of change comes from the individual family and teacher.

Administrative Support

The fourth, and final element is the need to gain administrative support and cooperation. Change can be brought out through more "confrontational" approaches such as due process proceedings, and in some cases this is the only alternative. However, the most effective changes have occurred when voluntary acceptance of integration as a goal has been coupled with strong leadership from the school district administration (McDonnell & Hardman, 1989).

Many of the strategies described throughout this paper can be important in building a consensus for change. Legislative and legal action build a foundation for the inevitability of change and may provide the initial impetus for change. It is the changing of community and professional attitudes, preparing personnel to work effectively in integrated settings, building support amongst families, and gaining administrative support that will ultimately build the consensus needed to support, maintain, and extend long-term systems change.

Using Families to Achieve Movement to Less Restrictive Settings

Suzie Steinbrecher & Linda Messamore

In this presentation, two teachers shared their efforts and those of others in bringing about the movement of their classrooms from a segregated facility to integrated regular elementary school settings. Initially what was required for this group of students was to achieve physical integration. Change of placement had to occur on an individual basis for the total group of 18 students. Systems change was conducted from a grassroots approach. The large system began to respond and respond effectively as the foundation begin to shake. Strong support than came down from the top. A part of the system changed. New options were created.

We would like to take you through the process that we Implemented to facilitate thls transitlon. Thls move to a less restrictive setting. Mind you, the process was not completely intact on day one. We thought, asked questions, talked, planned, evaluated, revised, planned, and implemented. Most importantly, we learned through the process and ourselves became "empowered." We as teachers could effect change. Yes, we had a lot of support, encouragement, and technical assistance from many sources. In the end, the professionals and parents formed a strong coalition to achieve an improvement in the quality of services provided to the children we all serve.

The process developed over the course of a school year. During the first few weeks of school, we each evaluated our instructional programs against measures of "best practices." That is, how well were we implementing the critical components? True, we weren't a perfect match but we certainly were "moving toward best practices." We had systematic instruction; logical, meaningful data based instruction; functional curriculum programming; "almost" transdisciplinary programming; and effective home/school communication. The critical key, however, was missing. There were no systematic, regular opportunities for social interaction with age-appropriate non-handicapped peers. How could we achieve this? More importantly, how could we achieve this in a planned, incremental way.

The first thing we did was to develop a "philosophy." We wrote a program rationale. This rationale included what Kent earlier referred to as "exit option" planning. We discussed what we wanted to do with our students. The goals we had for them. We shared it with our principal so that he knew what we were up to. We shared it with the parents of our students for their input. We were beginning the re-education. We were asking these folks to think about things in a different way.

The next step was to go ahead and implement a community-based training program. In this way, we could maximize opportunities for social interaction with non-handicapped persons within the constraints of a segregated educational setting. We could begin to "demonstrate" to the many skeptics that it could be done. That our students could in fact benefit from these interactions. That their alertness increased as activities became immediately meaningful. Non-communicators begin to communicate that they wanted to go, that it was their turn.

The community-based training also showed us that nobody was closing doors in our faces. That those "regular" people out there weren't going to deny us access. That, in fact, as we talked to parents and collaborated together with them on goal planning, that they already knew this. We as educators had created this world and had decided that our students had to stay there for their own good, and had worked on convincing many of the parents that it was for the best. But you see, the staff chooses to stay there. They are paid to stay there. The students are told they have to stay at this school. You have to spend 6 hours a day for 18 years in this space. The more we all began to talk about this lack of choice, of optlons, the more it became clear that a change was needed.

In the Fall IEP's for each of our students, we began to sow the seeds. We met with each parent prior to the meeting, in most cases, at their home. We worked through a process of collaborative goal setting, prioritizing and planning implementation strategies. A heavy emphasis was placed on meaningful, functional goals for increasing the children's participation in "all" current and future environments. Another thing we did was to sabotage ourselves in a sense. Socialization goals were included in all the children's IEP's. We could not possibly meet these in the student's current educational setting. We wanted the present setting to "fail". Finally, we used our systems IEP format. Metro has a wonderful IEP form to promote integration. On the placement page, you have to write a justification of why you are providing the services in the selected setting. We very simply wrote, "This is the only option available for the student at this time."

In early Spring, late Winter we went back and did home visits with our parents. We talked about the progress they had seen their children make primarily due to the community-based training. We talked again about the objectives and things we wanted to do. Parents began to say things like, "You know she goes to Sunday School with her peers and she plays out here with her peers, why does she have to go this segregated school when all the rest of her life is spent with non-handicapped peers." Others, of course, were still scared. We encouraged them to take the risk. We hooked them up with parents in the class for support. We took them to see some other "special" programs that were in the mainstream.

The finale, of sorts, was individually requesting district level staffings for each of the students in our classes. In our system, a district level staffing is required if there is the possibility of needing a change of placement. The rationale in each case was the failure to meet social interaction objectives and the inability of the setting to provide for opportunities to train this skill. As the staffing requests came in, the system responded beautifully. They were scheduled one right after the other, with both administrators and supervisors being very supportive. This was particularly true as the numbers started adding up to the all important "viable instructional unit."

At this point, we were really working together with the school system. We were fortunate to have a coordinator who was sold on the idea. She really worked hard for it and tried to do some things from her perspective and position to facilitate the move. For her, it was beneficial to have a whole group of students. With one student the bottom line so often is--this is the option and you have to fit here or nowhere. Since we had a whole class of children, their parents, and a willing teacher, it was easier to go to the special education director and say, "We can do this."

The final piece is to keep the door open. It requires lots of public relations work. Lots of getting the word out. Being visible. Sharing that the option is available. That it is a good option. That it is an option that is here to stay.

Effecting System Change Through Placement Practices

Camellia Hedgcoth

This presentation was conducted by the assistant director of a local early intervention program. She described how their program works with families to educate them about options available in the local school system, how to evaluate the appropriateness of these options, and how to advocate for more integrated placements prior to entering the school system.

First, I would like to briefly describe our program to you. We are an early intervention program for children with handicaps ages 6 weeks to 4 years. Our children attend full-day sessions. In addition, before and after care is available for working families. We are an approved program through the Tennessee Department of Mental Health/Mental Retardation. We operate four classrooms roughly divided by age serving 8 to 12 children in each. For the majority of our children and their families, we are the first intervention or educational program with which they have had contact. Many of our families develop a very close, trusting relationship with our staff over the several years they are involved with the program. After all, these families have entrusted us with their most precious possession--their baby.

Parents Are The Keystone

As any early intervention program, we believe that parents are the "keystone." Parents are the most stable persons in the child's life, especially for the long term. These children will be involved with educational programs for almost two decades. One of our goals is to mold these families into "smart" consumers of these services. That is, what are the services my child needs, what services are they entitled to, and what do quality services look like? Simultaneously, the parents need to learn how to obtain the services. How do you work the system, use the system, and change the system if necessary? We believe our role in this process is to provide information, lots of information. More importantly, however, we need to support the parents through this process. The level, timing, pace, quantity, and intensity of both information and support provided must be determined on an individual basis with each family. Some parents may need a tremendous amount of assistance, while others may just need a drop and will take off on their own.

Value Of Integrated Options

Our program, as with the others we've heard from today, has come to the point of believing that integrated educational options should be available to all of our children as they move into the public school system. That philosophy has developed slowly over time as we begin to see the success stories of those students who were "lucky enough" to go into such sites. Our staff has regularly visited both segregated and integrated programs, and attended conferences and workshops concerning the topic of social integration. Each time we come back armed with more information and a greater willingness to advocate for these types of programs. In addition, over the last 2 years, we have been directly involved as a target site with the Peabody Integration Project. We have also been indirectly involved with another integration project, the Peabody Least Restrictive Environments Project. The PIP project provided us with direct training in the value of integrated options and on strategies for preparing our children and their families for transitioning to less restrictive sites. The Peabody Least Restrictive Environments Project had developed several integrated preschool programs within the public school. These settings became both places to show our parents and real options for placement as they moved their children into the public school.

Untapped Power

As we began to develop transition plans and define goals for moving children into the next less restrictive settings, we came to the realization that we might influence system change. In one given school year, we were exiting 25 children and their families into the public school system. To serve just these children the system could potentially need to develop two to three new classrooms. Why couldn't those "new options" be integrated options? By combining our belief in empowering families and the value of integrated options, we had before us a truly untapped source of power. We needed to tap that power, nurture and develop it through established channels, dissemination of information, and mapping out strategies.

Tapping That Power

We have developed a multi-step strategy for moving children and their families into integrated educational options. The first thing we do is work with the parents on mapping strategies. That is, we try to teach our parents to be "visionaries." We want them to think about their child and their potential down the road. What should be the long-term outcome, the long-term options for these children as they enter adulthood. We start to build some expectations with them. All of the children's goals, objectives, and program plans should lead to these outcomes.

The next step in the process is to make the referral to the appropriate school system. We make all of our referrals 6 months prior to the time when that child is actually going to be enrolled. That helps the schools because they are able to plan classroom space. It also is valuable for us and the families because we begin establishing some rapport with the next settings.

Next, we begin providing information to the parents about PL 94-142. We work with them in terms of what it means for them and their children. Through one-to-one interactions, parent group meetings, and their own child's program planning meeting at our setting, we share information on the law. Specifically, we share with them information on child rights, family rights, sources for support, and generally the spirit of the law. As we begin to introduce this information to them, questions arise. We really encourage the parents to ask questions. If we don't have the answers, we will track down other sources, persons that can assist them. We want for the parents to move towards establishing their own resource network. Learning to make those connections themselves.

The other piece in terms of training on the law we provide is on the topic of the M-Team. We again have group meetings, followed by individual meetings in which we educate the parents about the M-Team process. We take them through each component of the meeting and prepare them for each decision that will need to be made and in what sequence those decisions should be made. Finally, we spent a lot of time showing them how they can use the M-Team process and program development to truly optimize the services their child receives. The goal is to maximize the match between their long-term vision for their child and the current training and program option their child receives.

The final piece we do in preparation for transition is usually the most enjoyable for us as well. We take a tour of the programs currently available in the schools. We take them to both integrated and segregated options. From the beginning, we make it clear to the parents that they are seeing examples

of programs. By no means are they to look at these settings as a multiple choice test where you choice the best fit. It shows parents what's available, what's possible, and puts them in a better position to advocate for an appropriate program. They may say in the M-Team, "I've seen this, and this option at this school, and I think that this would best fit but only if this was also a part of the program". It places them in a better position for being able to visualize and than put into words what type of service delivery configuration will meet all of their child's educational needs.

An overriding theme throughout the planning process is to let parents know that the school system is not a big "boogie bear" that is going to do something terrible to their child. Movement to the school system is a natural transition. We can help and that the school system is very willing and interested in assisting them. At the same time, this is the point at which parents have the most power and the most authority to be change agents. This is where they can go in and ask for what they want. This is where things really start happening because they go in and make a request, it's documented and sent to the powers that be (principals, teachers, supervisors), and classes get created.

Incremental Achievement Of Social Integration Within Non-receptive Environments

Debbie Haskell

Being able to find his position on a roadmap is critical for a traveler. That is, after all, how he knows where he is. Sometimes, however, where you are is not as important as where you are going. This is true of classrooms as well as road trips.

Plotting a course within the educational system for any child is challenging, but for severely and multiply handicapped children, it sometimes can be uphill all the way with a flat tire. I have felt quite often like the traveler who stopped to ask directions of the farmer only to be told finally, "Well you can't get there from here." I believe we can get there from where we are because I have seen classes where even children with severe handicaps are accepted in an integrated setting and have a place in the daily rhythm of places to go, people to see, and things to do.

All exceptional children should be equally entitled to appropriate services (O.T., P.T., and Speech); complete access to physical facilitates (cafeteria, playground, library); access to all school activities (assemblies, P.E., music); and opportunities to be with other students of their own age. Things, however, are not always as simple as they should be. Many factors can stand in the way of developing an optimum situation for children with severe disabilities. Lack of money, lack of space, inexperience with severe handicapping conditions, fear of accidents, and adult attitudes can all create roadblocks.

I was asked to tell you today what has happened with my class in terms of changing the "system." The "system" being my class, my school, my special education department, and my county school system. I wish I could report that there had been county-wide radical improvements in the program for severely disabled children, but I cannot. Like most systems, ours has its share of both good and not so good, and what I have to tell about is the beginning of a process. A process for making changes that were basically trial and error, instinct, and luck.

Vena Stuart is a 40-year-old school in a lower socioeconomic area. The children are very challenging and the classes are full. Originally, the school held only first through third grades, but than kindergarten, T-1, and eight special education classes were added over the years. Seven of the special classes are self-contained, and the resource is in so much demand, that one full day per week is devoted to testing and M-Teams. One principal manages this mix of regular and special education.

My class has five students, ages 5 to 10 years, with severe and multiple handicaps, some of whom are also medically fragile. There had been several problems with this class in the recent past. The class previously had 13 students ranging from 4 to 21 years of age. There had been open discussion of issues involving students and their parents in the teachers' lounge. There was no integration of the students in the building or with other students. There were questions about the use of time and care of students in the class. Services were not provided to all students on an equal basis. All of this occurred in a school overburdened with children with special needs of all degrees.

Priorities have a way of establishing their own order, and my first priority when I became the teacher was to take care of the children in the classroom, their positioning, feeding, basic care, and activities. By staying busy in my room, I feel that I inadvertently improved the class's status in the eyes of the other teachers and the principal. There needed to be almost "ultra-professional" behavior shown to counteract any residual negative attitudes. Treating the students with respect and avoiding any discussion of the incidents and issues of the class in the lounge helped the other teachers begin to think of the class as a real class. It also helped to gain the support of my principal and supervisor, which is very helpful in

trying to make changes.

My second priority was to see that all the students had equal access to services. Parents often have more influence with school systems than teachers do, and I found it very helpful to ask parents to call and request services. I also found it helpful to include the provision of services in the IEP goals.

It was not until the second semester of my first year that I felt that integration had become a priority for my class. Physical presence in the main school building was the first step, and again, writing this idea into an IEP goal provided the justification. I began with taking one child to eat in the cafeteria. This, surprisingly, was met with much resistance, but squatter's rights prevailed and we continued. The next year, both my class and the older class of similar students were assigned a lunchtime in the cafeteria by the principal. We also were assigned a weekly library time.

My present priority is to promote interaction between my students and other children. This has been slow to develop due to slowly changing adult attitudes, reluctance on my part to complicate my day and to confront possibly hostile teachers, and reluctance on the part of the other teachers to let their students play with children with severe disabilities. Other special education teachers with higher functioning students and former special educators have been a great help by sending children to help push wheelchairs and to share playtimes. We now have music with a third grade class, and went on a field trip with a T-1 class, both taught by former special educators.

Gradually, the regular teachers have become more accepting, and we now have two small groups of children a day come to our class to share activities with my students. This is one area, however, where I feel that change cannot be forced. Permission for change must come from the administration, but the actual impetus and willingness to make changes must come at the personal level. The giving should not be all on the part of the regular education teacher either. Teachers seem more willing to encourage interaction if they and their students also benefit. The benefits of knowing children with disabilities is wonderful, but so are practical benefits, such as having a place for your top reading group to go when they've finished their work, or having a joint field trip arranged for them.

Other issues still need to be addressed including more age-appropriate placements, easier access to school facilities, and increased participation in school activities. Battles, however, should be carefully chosen so that long-term needs are not sacrificed and so that the school as a whole becomes a better place in which to learn for all children.

DISCUSSION
Jennifer Butterworth

How do we approach systems change? I propose that systems change is actually a two-pronged venture. Borrowing Debbie's statement, "Permission for change must come from the administration, but the actual impetus and willingness to make changes must come at the personal level," systems change must include both aspects almost simultaneously. That is, a top down approach on the one hand (administrative sanction) and a bottom up approach on the other hand (grassroot support).

Today we have seen many examples of bottom up. Grassroots pushes, at times downright earthquakes to create changes, new options. I've seen and heard teachers being empowered and parents being empowered to advocate for and create changes in the fundamental quality of services for children. These changes have occurred on a child by child, individual basis exactly as is the intent and spirit of the law. But with each additional child, the changes begin to swell, shaking the foundation (as stated by a presenter) until the top begins to listen.

The excitement that has come out of this project and other like it in this state, the Peabody LRE Project, and Tennessee's participation in the national LRE network, has really started knocking on the doors of the state department of education. They are listening. They want to provide support and guidance from the top down. To this end, the DOE has funded a 3-year project called LRE for LIFE (Living, Integration, Friends, Employment). The project is managed out of the University of Tennessee at Knoxville. We have commitments from 15 school systems to serve as model sites. Being a model site means that the system is committed to providing best practice--community-based training, integration, classroom management procedures, and data-based instruction. In exchange for their commitment, we provide them with technical assistance on how to get the job done.

Another top down strategies that has been demonstrated to be critical concerns an administrative infrastructure. That is, administrative procedures and policies need to be developed, written, approved, and implemented to support all components of best practices. These documents solidify the grassroot changes. Policies sanction the exemplary efforts made by some and make those the standard for future efforts.

Changes from the top down can also occur through personnel preparation. Tennessee is moving on that front as well through the newly developed certification requirements. These requirements have skills and knowledge areas that are really going to say, "Yes, when teachers come out of those institutes of higher education, they are going to know the word partial participation." Not only are they going to know it, they're going to know how to apply it. They're going to know about nonaversive management strategies. They will know all the best practices strategies currently in the literature.

A critical piece that is necessary both top down and bottom up is personnel support. Teachers need support. Administrators need support for taking the initiative. You might be surprised how much a "thank you" means. School systems provide release time as a way of saying "thank you, work well done". They encourage teachers to attend workshops such as this, to present their accomplishments. Several times today there has been discussion about the need for getting the word out, for networking teacher to teacher. Teachers, real people, really doing the job, sharing what they do best, getting pats on the back from their peers.

My concluding remark is that systems change is a team process. There is no one system, no one teacher, there are no groups of people that are singularly responsible for insuring that persons with disabilities really are successful community dwellers. It takes all of those people, it takes the administrators, it takes the school systems, it takes families, it takes institutes of higher education to work together for that systems change.

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